

DP/S 63-1616

Pers 11-1

19 April 1963

MEMORANDUM FOR: Executive Director

THRU : Deputy Director (Support) *Thgl* 22 APR 1963

SUBJECT : Federal Employee Health Service Program

REFERENCE : Memorandum to C/MS from Executive Director, dated 28 March 1963, Subject as Above

1. As requested, the attached form, "Federal Employees Health Service Report", has been completed as it pertains to the Agency. Certain observations should be made on the report as completed; these follow.

2. The Medical Staff has attempted to establish a medical program for this Agency which provides for maximal medical service without competing with private medicine and without entering into socialized medicine. In providing these services, part of the program is preventive as outlined under Public Law 653. However, because this Agency has security considerations and overseas commitments, the medical program is also clinical and provides for inpatient care and support. It has been our philosophy to provide a variety of services through a common media; hence, those capabilities that provide for preventive medicine programs may also be utilized for other medical services. In any one period of time, medical personnel assigned to the Clinical Division may be engaged in preventive medicine, in therapeutics, in clinical advice, or in program planning.

It should be noted also that the Medical Staff is the sole organizational component responsible for all of medical support activities required within the Agency; hence, the program also contains the Psychiatric Staff, a Support Division, which is responsible for non-medical activities that may be performed by non-professional personnel, such as supply, personnel, etc., and an Operations Division, whose activities are uniquely in support of the MD/P activities.

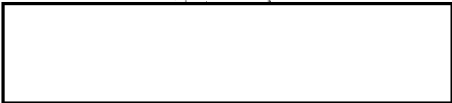
To break out from the Medical Staff budget that portion which is comparable to preventive programs of other agencies, that do not have overseas or security responsibilities, results in an artificial separation based on rules which do not ordinarily apply. For example, it is difficult to account for those portions of a staff medical officer's efforts which may be devoted to health service programs, examination, therapeutics, and other significant activities. Also, it is difficult to break down the costs of equipment; for example, the

**SUBJECT: Federal Employees Health Service Program**

x-ray machinery as it contributes to the costs of the various programs it supports. However, an attempt has been made to do this and the results are reflected in the attached report.

3. It is my opinion that any review of program as implied by this type of report would be more meaningful if approached on a total program basis. This type of report was submitted to your committee at the time that reorganization was being considered within the Agency. As you may recall, our total budget at that time was regarded as conservative, if not frugal, and most effective in its total impact.

4. It is difficult to evaluate the "prototype" health service program, as outlined at the March meeting you attended, as it applies outside of our own Agency. When Public Law 658 was enacted, it was regarded as being quite pioneering in health program development and, in many areas, it has yet to be exploited. From an overall Government viewpoint, it would seem premature to say that this type of health program is too restrictive. On behalf of this Agency, there is no question that it is too restrictive. This is evident by the actions we have taken to make our own health program more appropriate. Doubtless, other agencies who have their own peculiar problems and have had some experience with medical programs would feel likewise.

  
Chief, Medical Staff

Attachment:

Federal Employee Health  
Service Program Report

cc: DD/S

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Approved For Release 2003/06/20 : CIA-RDP84-00780R000300070021-1

TO:		DATE
Mr. Lloyd		22 April 1963
ROOM NO.	BUILDING	
REMARKS:		
<p>Recommend your initials.</p> <p>REH</p>		
FROM:		
ROOM NO.	BUILDING	EXTENSION

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